AS40A FIELD PERFORMANCE DATA SHEET

Pump Serial number: _____ Incident number: _____

Account: _____

Mark the PASS or FAIL box, as appropriate, upon completion of each operation.
Describe any failures in Comment section and seek appropriate servicing.

3.1.4 Visual Inspection..... ( )P ( )F
3.2.1 Self Test..... ( )P ( )F
4.1.2 Keypad Check..... ( )P ( )F
4.2.1 Syringe Driver..... ( )P ( )F
4.2.2 Range of Motion..... ( )P ( )F
4.3.6 Syringe Recognition..... ( )P ( )F
Check appropriate boxes for the syringes tested:
Circle any syringe sizes that Fail.
Monoject ( )1 ( )3 ( )6 ( )12 ( )20 ( )35 ( )60
B - D ( )1 ( )3 ( )5 ( )10 ( )20 ( )30 ( )60
Terumo ( )1 ( )3 ( )5 ( )10 ( )20 ( )30 ( )60
Cal. Fixture ( )CAS40-03-801 ( )CAS40-04-801

4.4.6 Check Syringe Alarm..... ( )P ( )F
Syringe used: ( )Monoject ( )B - D ( )Terumo
( )1 ( )3 ( )5 or 6 ( )10 or 12 ( )20 ( )30 or 35 ( )60

4.5.9 "Open" Cradle Switch Detected..... ( )P ( )F
Syringe used: ( )Monoject ( )B - D ( )Terumo
( )20 ( )30 or 35 ( )60

4.5.11 "Closed" Cradle Switch Detected..... ( )P ( )F
4.6.3 < 10 Min Empty Alarm..... ( )P ( )F
Syringe used: ( )Monoject ( )B - D ( )Terumo
( )1 ( )3 ( )5 or 6 ( )10 or 12 ( )20 ( )30 or 35 ( )60

Infusion Rate: _____

4.6.4 Empty Alarm..... ( )P ( )F
4.7.7 Accuracy Test..... ( )P ( )F
Syringe used: ( )Monoject ( )B - D ( )Terumo

Start Volume: _____ Start Time: _____

Stop Volume: _____ Volume Delivered: _____

4.8.5 Line Occluded Alarm..... ( )P ( )F
Syringe used: ( )Monoject ( )B - D

5.0.4 Pressure Range Check (OPTIONAL) 60mL..... ( )P ( )F
Syringe used: ( )Monoject ( )B - D
5.0.5 Pressure Range Check (OPTIONAL) 1 mL..... ( )P ( )F
Syringe used: ( )Monoject ( )B - D

Comments: _____

_____

Performed By: _____ Date: _____